STATEMENT OF ORGANIZATION		OFFICE USE ONL
Name and Address of Committee	2. Date of this Statement	PAGEOEIVED
Eriaula of Edal New Orleans	TANGLES SAIL	2011 1421 07
7100 Road Blod Ste 201	3. Estimated Membership	1/23 AM 10: 05
New Orleans, LA 70127	5. Estimated Wembership	
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Check If:	4. Amended Statement?	
New Committee Monthly Filer	YesNo	Rec # 82240 # 110
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)		
a. Name b. Position c. Address		
Sylvia Samuelux Richard Chairperson 5801 Kensington Blud New Chleans, LA 70127		
Karol Sanders Treasurer 6616 Norgate Dr. New OHERNS, LA 70127		
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)		
a. <u>Name</u> b. Address	directly established, durinington, or	c. Relationship to Committee
NA		
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)		
a. <u>Name</u> b. <u>Address</u>		
Liberty Bank + Trust Company		
P.O. BOX 60131		
Now Orleans, LA 70160		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: Principal Campaign Committee Subsidiary Committee		
b. Name of Candidate Pro position		c. Office Sought by the Candidate
Edet New Orleans Residential Parcel Fe	Q	AU A
9. a. Name of Person Preparing Report Karol Sande	21/3	
b. Daytime Telephone 504-606-852	1	
10. WE HEREBY CERTIFY that the information contained in this STATEM and belief.	ENT OF ORGANIZATION is true an	d correct to the best of our knowledge, information
This 21, day of January 2014		
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Silva Cineary Jach	- 1	884-0000
i Signature of Committee Chairperson	Day	ime Telephone Number
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Signature of Committee Treasurer if any	<u>50°</u>	time Telephone Number